

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TH	953	03-24-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	11/3/03	
2	✓	11/10/03	
3	✓	11/10/03	
4	✓	11/10/03	
5	0	0	
6	0	0	
7	0	0	
8	0	0	
9	0	0	
10	✓	11/10/03	
11	✓	11/10/03	
12	✓	11/10/03	
13	✓	11/10/03	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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11/03/04